

## MISSOURI DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION LICENSING SECTION

APPLICATION FOR MOTOR VEHICLE EXTENDED SERVICE CONTRACT BUSINESS ENTITY PRODUCER LICENSE

P.O. BOX 690 OR P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES JEFFERSON CITY, MISSOURI 65102 THIS FORM MAY BE DUPLICATED

PLEASE PRINT OR TYPE							
1. VENDOR/BUSINESS ENTITY NAME				2. INCORPORATION/FORMATION DATE (MONTH/DAY/YEAR) 3. FEIN			3. FEIN
4. LIST ALL NAMES UNDER WHICH YOU ARE DOING BUSINESS OR INTEND TO DO BUSINESS				5. LIST ALL NAMES UNDER WHICH YOU HAVE DONE BUSINESS IN THE PAST			
6. STATE OF DOMICILE	7. COUNTRY C	F DOMICILE		8. CONTACT NAME			
9. BUSINESS ADDRESS	,	10. P.O. BOX	11. CITY	12. STATE 13. ZIP CODE 14. COUNTRY			14. COUNTRY
15. TELEPHONE NUMBER	16. FAX NUMBI	ER		17. BUSINESS WEBSITE ADDRES	SS		
18. BUSINESS EMAIL ADDRESS							
19. MAILING ADDRESS		20. P.O. BOX	21. CITY	YTIC		23. ZIP CODE	24. COUNTRY
BRANCH LOCATIONS							
25. IDENTIFY ALL BRANCH LOCATIONS W	HERE COVER	RAGE IS OFFER	RED. ATTACH	ADDITIONAL LISTING IF NECE	SSARY.		
NAME:				ADDRESS:			
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IDENTIFY ALL WEBSITES WHERE YOU OF	FFER COVER	AGE OR PLAN T	O OFFER CO	VERAGE. ATTACH ADDITIONA	AL LISTING	IF NECESSARY	
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WEB ADDRESS:							
140.075.0050 (40.40)							

OWNERS, PARTNERS, C	OFFICERS AND DIRECTOR	RS		
26. Identify all individuals	with at least 10% ownership	interest or with any voting interest in the business	entity, as well as any pa	artners, officers
and directors of the b	usiness entity (or if the entity	is a Limited Liability Company ("LLC"), please	identify all members, ma	anagers and/o
officers). Attach additi	onal listing if necessary.			
NAME		SOCIAL SECURITY NUMBER	TITLE	
PERCENT OF OWNERSHIP	RESIDENT ADDRESS	<u> </u>		
NAME		SOCIAL SECURITY NUMBER	TITLE	
PERCENT OF OWNERSHIP	RESIDENT ADDRESS			
NAME		SOCIAL SECURITY NUMBER	TITLE	
PERCENT OF OWNERSHIP	RESIDENT ADDRESS			
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NAME		SOCIAL SECURITY NUMBER	TITLE	
PERCENT OF OWNERSHIP	RESIDENT ADDRESS			
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NAME		SOCIAL SECURITY NUMBER	TITLE	
		000,120200,111,110,11022,1		
PERCENT OF OWNERSHIP	RESIDENT ADDRESS			
NAME		SOCIAL SECURITY NUMBER	TITLE	
PERCENT OF OWNERSHIP	RESIDENT ADDRESS			
NAME		SOCIAL SECURITY NUMBER	TITLE	
PERCENT OF OWNERSHIP	RESIDENT ADDRESS			
NAME		SOCIAL SECURITY NUMBER	TITLE	
PERCENT OF OWNERSHIP	RESIDENT ADDRESS			
BACKGROUND INFORM				
		er every question. All copies of documents must	be certified. All written	
statements submitted	d by the Applicant must include	de an original signature.		
		officer and/or director of the business entity (or if		
		ager and/or officer), ever been convicted of a c		
	•	mposition of sentence ("SIS"), or received a su	spended execution of	П
sentence ("SES")	(			☐YES ☐NO
		officer and/or director of the business entity (or if		
Liability Company	("LLC"), any member, mana	ger and/or officer), currently charged with com	mitting a crime?	
Answer "Yes" if the	e answer to either question (	or both) is "Yes."		
		,	outing if the out one house	
		military offense. You may exclude any of the follo s: driving under the influence ("DUI"), driving whi		
		driving with a suspended or revoked license.		
		ou must disclose all felony convictions, misdeme		
pending charges ι	unless excluded above.	•		
"Convicted" includ	es but is not limited to havir	ng been found guilty by verdict of a judge or jury,	having entered a plea	
		n Alford Plea, or having been given probation, a		
or a fine.	,	5, 2 <u>5</u> <u>5</u> p p	-1	
	withheld or deferred" include	s circumstances in which a guilty plea was enter	red and/or a finding of	
		the sentence was suspended (for instance, the c		
		nded execution of sentence - sometimes called a		

DACKCROLING INFORMATION (CONTINUED)	
BACKGROUND INFORMATION (CONTINUED)  Unless excluded by the language above, you must disclose convictions that have been expunged.	
If you answer yes, you must attach to this application:  a) a written statement explaining the circumstances of each incident,  b) a certified copy of the charging document, and  c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.	
2. Has the business entity <b>or</b> any owner, partner, officer and/or director of the business entity (or if the entity is a Limited Liability Company ("LLC"), any member, manager and/or officer), ever been named or involved as a party in an administrative proceeding or action regarding any professional or occupational license or registration, or regarding the lack of such license or registration?	□YES □NO
"Involved" means having a license censured, suspended, revoked, canceled, terminated or being assessed a fine, a voluntary forfeiture, a cease and desist order, a prohibition order, a consent order, or being placed on probation. "Involved" also includes the act of surrendering a license to resolve an administrative proceeding or action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license or is related to the lack of such license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial.	
If you answer yes, you must attach to this application:  a) a written statement identifying the type of license and explaining the circumstances of each incident, b) a copy of the Notice of Hearing or other document that states the charges and allegations, and c) a certified copy of the official document which demonstrates the resolution of the charges and/or a final judgment.	
3. Has any demand been made or judgment rendered against the business entity <b>or</b> any owner, partner, officer and/or director of the business entity (or if the entity is a Limited Liability Company ("LLC"), any member, manager and/or officer), for overdue monies by a provider, an administrator, an insurer, an insured, or a producer?	□YES □NO
Has the business entity <b>or</b> any owner, partner, officer and/or director of the business entity (or if the entity is a Limited Liability Company ("LLC"), any member, manager and/or officer), ever been subject to a bankruptcy proceeding?	
Answer "Yes" if the answer to either question (or both) is "Yes."	
If you answer yes, you must attach to this application:  a) a written statement summarizing the details of the indebtedness and arrangements for repayment, b) a written statement detailing the case number, type of bankruptcy, and the court it was filed before, c) a copy of the "Notice of Bankruptcy" or its equivalent, and d) a copy of the "Order Discharging Debtor" or its equivalent.	
4. Has the business entity <b>or</b> any owner, partner, officer and/or director of the business entity (or if the entity is a Limited Liability Company ("LLC"), any member, manager and/or officer), failed to pay state or federal income tax?	
Has the business entity <b>or</b> any owner, partner, officer and/or director of the business entity (or if the entity is a Limited Liability Company ("LLC"), any member, manager and/or officer), failed to comply with an administrative or court order directing payment of state or federal income tax?	□YES □NO
Answer "Yes" if the answer to either question (or both) is "Yes".	
If you answer yes, you must attach to this application:  a) a written statement explaining the circumstances of each administrative or court order, b) copies of all relevant documents (i.e. demand letter from the Department of Revenue or Internal Revenue Service, etc.), c) a certified copy of each administrative or court order, judgment, and/or lien, and d) a certified copy of the official document which demonstrates the resolution of the tax delinquency (i.e. tax compliance letter, etc.).	
5. Is the business entity <b>or</b> any owner, partner, officer and/or director of the business entity (or if the entity is a Limited Liability Company ("LLC"), any member, manager and/or officer), currently a party to, ever been a party to, or ever been found liable in, any lawsuit, arbitration proceeding, or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?	
If you answer yes, you must attach to this application:	☐YES ☐NO
<ul> <li>a) a written statement summarizing the details of each incident,</li> <li>b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit and/or arbitration proceeding, or mediation proceeding, and</li> <li>c) a certified copy of the official document which demonstrates the resolution of the charges and/or a final judgment.</li> </ul>	
6. Has the business entity <b>or</b> any owner, partner, officer and/or director of the business entity (or if the entity is a Limited Liability Company ("LLC"), any member, manager, and/or officer) ever had a contract or any other business relationship with a provider, an administrator, or an insurance company terminated for any alleged misconduct?	□YES □NO
If you answer yes, you must attach to this application:  a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving a business entity producer license, and b) copies of all relevant documents.	
MO 375-0853 (10-13)	_

## APPLICANT'S CERTIFICATION AND ATTESTATION

- 28. The undersigned owner, partner, officer and/or director of the business entity (or if the entity is a Limited Liability Company ("LLC"), any member, manager, and/or officer) hereby certifies, under penalties of perjury, that:
  - 1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation or denial and may subject me and the business entity to civil or criminal penalties.
  - 2. The business entity grants permission to the Director to verify any information supplied herein with any federal, state and/or local government agency, current or former employer, or insurance company.
  - 3. Neither the business entity nor any owner, partner, officer and/or director of the business entity (or if the entity is a Limited Liability Company ("LLC"), any member, manager and/or officer), has any outstanding, delinquent, or overdue state or federal tax obligations except those disclosed and properly documented as part of this application in response to question number 27.4.
  - 4. I authorize the Director to give any information the Director may have concerning the business entity to any federal, state or municipal agency, or any other governmental organization and I release the Director and all persons acting on the Director's behalf from any and all liability of whatever nature by reason of furnishing such information.
  - 5. I acknowledge that I am familiar with and will comply with the motor vehicle extended service contract laws and regulations of Missouri and of any other jurisdiction to which I apply for licensure.
  - 6. If required, I have received a Certificate of Good Standing from Missouri's Secretary of State.
  - 7. I certify that the business entity is licensed (or registered, as applicable) and in good standing in its home state/resident state to sell, offer, negotiate and solicit motor vehicle extended service contracts. (Applies only to Non-Resident Business Entity Producer Applicants whose home state/resident state issues licenses or requires registration authorizing the sale, offer, negotiation or solicitation of motor vehicle extended service contracts.)

SIGNATURE				MONTH/DAY/YEAR
FULL LEGAL NAME (TYPED OR PRINTED)				
TITLE	SOCIAL SECURITY NUMBER			
ADDRESS (CITY, STATE, ZIP CODE)				
NOTARY				
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY O	F ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS			
	DAY OF	YEAR	USE RUBBER	STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES		
	NOTARY PUBLIC NAME (TYPED OR PRINTED)			

## **INSTRUCTIONS**

Application for initial licensure for a motor vehicle extended service contract business entity producer shall include the following, as applicable:

- 1. A completed Motor Vehicle Extended Service Contract Business Entity Producer application.
- 2. \$100 nonrefundable fee in the form of a check or money order, made payable to DIFP Insurance.
- 3. Attach a listing of Motor Vehicle Extended Service Contract Producers working on your behalf.
- 4. Attach a listing of Motor Vehicle Extended Service Contract Providers with which you have a contract.
- 5. Mail completed application packet to: MO DIFP Insurance

P.O. Box 4001

Jefferson City, MO 65102-4001